

## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobb	yist(s) DOROTHY C. S	SAUVINET	
II. Name of lobbyist's partnership, firm or corporation, if any:			
_Sout	HWEST ARLINES (Name of partnership, firm or corporation)	CO.	·
			1-2-5
Business Address:	30X 36611, HDQ467 (Street) (Town/0	A DALLAS TX City) (State)	(Zip Code)
915 881-6	676 915881-	6679 e-mail lori-gle	enn@wnco.com
(Telepho	one)	(Fax)	
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).			
All reportable	e transactions occurring in the months p	rior to the reporting date relative to the f	ollowing client:
SOUTHWEST AIRLINES CO.			
OR	(Full Name of Client as it appears or	the Lobbyist Registration Form)	
	• • •	the lobbyist's family), or the lobbying fi	rm listed below which are
IV. Date of Repo	ort April 25, 2018 🗆	July 25, 2018 □	
Reports cover:	activity from date of registration to 3/31/16	8 activity from 4/1/18 to 6/30/18	
	October 31, 2018   activity from 7/1/18 to 9/30/18	January 30, 2019 X activity from 10/1/18 to 12/31/18	
If this box is check Concord, NH 033  VI. Check if add  ☐ If you have r  ☐ If you have p  Expense Reimbu	ked, complete just this form and submit 301.  litional reports are attached: eceived fees or made expenditures, you baid an honorarium or reimbursed expensement	rtable transactions made since the it to the Secretary of State's Office, State must file Addendum A- Fees and Expuses, you must file Addendum B- Reportant Expuses and Expuse the Expuse of State and Expuse the	te House, Room 204, enses rt of Honorariums or
I have read RSA and complete to the state of	the best of my knowledge and belief.	4 and hereby swear or affirm that the for 1/14/2-0 (Date)	
\	<del>-</del>		

JAN 15 2019

NEW HAMPSHIRE DEPARTMENT OF STATE